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TRANSMITTAL FORM

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Application Number</td> <td>09/912,873</td> </tr> <tr> <td>Filing Date</td> <td>July 25, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Akito KOHNO</td> </tr> <tr> <td>Art Unit</td> <td>2644</td> </tr> <tr> <td>Examiner Name</td> <td>Daniel R. Sellers</td> </tr> <tr> <td>Total Number of Pages in This Submission</td> <td>393032027100</td> </tr> </table>	Application Number	09/912,873	Filing Date	July 25, 2001	First Named Inventor	Akito KOHNO	Art Unit	2644	Examiner Name	Daniel R. Sellers	Total Number of Pages in This Submission	393032027100
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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature	/Mehran Arjomand/		
Printed name	Mehran Arjomand		
Date	June 9, 2008	Reg. No.	48,231

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